

Above & Beyond Summer Adventure Programs 2015

410-836-0558 — hcaboveandbeyond @gmail.com
Learn trust, cooperation & teamwork through games and
low & high ropes elements. Sessions held at Harford Glen for ages 7-8.
Sessions held at Harford Glen and Edgeley Grove Farm (Annie's Playground)
for ages 9-15.

Please note time frame for Sessions 1 & 7 are shorter

Sessions limited to 14 participants each. (First come/first served.) Fee includes T-shirt. Please check the box for the session your child will be attending. Participants must be in the appropriate age group. Birth dates will be verified.

	Date	Age	Fee	Time			Date	Age	Fee	Time	
*Session 11 spot left	6/30-7/2	7-8	\$35	*9:30 am-11:30am		Session 5 FULL	7/27-7/31	9-10	\$80	9:30 am-12:30 pm	
□ Session 2 FULL	7/6-7/10	9-10	\$80	9:30 am-12:30 pm		Session 6 5 spots left	8/3-8/7	11-12	\$80	9:30 am-12:30 pm	
☐ Session 3 4 spots left	7/13-7/17	11-12	\$80	9:30 am-12:30 pm		*Session 7 9 spots left	8/11-8/13	7-8	\$35	*9:30 am-11:30 am	
Session 4 2 spots left	7/20-7/24	13-15	\$80	9:30 am-12:30 pm							
Last Name:	·										
Age: Date of Birth:					Gender:						
Address: Street City State Zip Code											
Parents Phone: Home/Cell/Wo						2 nd Phon	,	State		Zip Code Home/Cell/Work	
Emergency Contact: Emergency Phone:											
List below Pertinent Information: Special medication, allergies, special assistance, adaptive equipment, sign language interpreter, etc.											
Have you ever been a participant in a ropes/adventure program prior to this? If so, when & where?											
In consideration of the acceptance of my participation in this program, I hereby for myself and my heirs, executors and administrators, waive any and all rights and claims for damages I may have against Harford County, a body corporate and politic of the State of Maryland, Harford County Public Schools, their agents and sponsors, for any and all liability claims, judgments, or demands for damages arising as a result of any course or activity conducted by facilitators and staff. I further attest by my signature the recognition of the inherent risk involved in participation in any physical activity and certify that I am (my child is) a willing participant in this Adventure Experiential Program. Above & Beyond reserves the right to photograph participants for publicity purposes. NO REFUNDS AFTER REGISTRATION.											
Parent/Guardian's Signature: PRINT Parent/Guardian's Name:											
E-mail Addres	E-mail Address: Date:										
Therapeutic Recreation Office: If accommodations are needed, sign language interpreter, support staff, etc., contact Mike Watkins, Therapeutic Recreation Specialist at least 2 weeks in advance at 410-638-4899 or use Maryland Relay by dialing 711 for the hearing impaired. The sale or use of tobacco in any form is prohibited on all park property, school buildings and property. Failure to comply with this request will subject the individual and/or group to revocation of use.											
Make checks pa				Mail check 8			n Mill Nature (
						Attn	: Above & Be	yond			
Harford County MD						1617 Eden Mill Road Pylesville, MD 21132					
HARFORD COUNTY DEPT. OF PARKS AND RECREATION Visit our website at www.harfordcountymd.gov/parks-re						-	For office use only Amount: Date Rec'd:			it:	